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PRINTED: 06/08/2021  
FORM APPROVED

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/27/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE ARC IN HAWAII - EWA B

91-824 B HANAKAHI STREET  
EWA BEACH, HI 96706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
9 000	INITIAL COMMENTS  A licensure survey was conducted by the Office of Health Care Assurance from 05/25/21 through 05/27/21. The facility was found not to meet the requirements of Title 11, Chapter 99, Intermediate Care Facilities.	9 000		
9 005	11-99-4(a) ACTIVE TREATMENT PROGRAM  A plan of treatment shall be developed and implemented for each resident in order to help the residents function at their greatest physical, intellectual, social, emotional, and vocational level. This Statute is not met as evidenced by: Based on observations, record review, and interview with staff members, the facility failed to consistently implement an active treatment program and ensure clients received a continuous active treatment program in sufficient number and frequency.  Findings Include:  1) Due to COVID-19, the clients of the home do not attend an Adult Day Health (ADH) program. Instead the ADH program staff come to the clients' home. Observations on 05/25/21 and 05/26/21 found there were two ADH staff for the four clients in the home. During observations on 05/25/21 and 05/26/21, the television was constantly on, playing music with a static screen (picture of the artist and the play list) with the clients being placed in front of the television.  Interview with Hab Worker (HW)1 and HW7 was done on 05/26/21 at 12:46 PM in the dining area of the home. Inquired what active treatment program is being implemented amongst the four	9 005	Plan of Correction: Program Manager retrained/counseled the Home Manager. Home Manager counseled residential staff on appropriate interactions that were consistent with programs implemented on for C1.  Systemic: Residential staff to be retrained on PBSP, BMP and other Protocols involving C1 at the home and ADH by Case Manager and Home Manager. Case Manager to create programs appropriate for C1's needs.  Quality Assurance: Case Manager to review all IPP's and PBSP of all ICF participants monthly. Case Manager to continue to conduct bi-weekly home observations to ensure staff are compliant with active treatment plan trained. Program Manager will follow up with additional training with the Case Manager on additional programs and BMP's as needed.	5/27/21  6/30/21  on-going

Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE  
RN, ICF Program Manager

(X6) DATE  
6/21/21

6/23/21 - copy to KW; pr

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9 005	<p>Continued From page 1</p> <p>residents. HW7 reported socialization of the clients to teach them to interact with one another. HW1 reported that the television is on when the day program staff arrive and acknowledged that this may be a distraction for the clients.</p> <p>During observations on 05/25/21 and 05/26/21 it was noted that client (C) 4 enjoys karaoke in front of the television. On the morning of 05/26/21, C4 refused to do her walking program. C4 was observed to take her brace and place it in the bedroom and refused to engage in her program. After refusing, C4 went on to sit in front of the television and listen to music.</p> <p>2) On 05/25/21 at 01:18 PM during ADH program at C1's home, observed C1 finish eating a snack and drinking water in a cup at the dining room table. HW2 asked C1 twice if C1 wanted more water, C1 did not respond. HW2 proceeded to take C1's water cup to the kitchen sink without prompting C1 to carry the cup to kitchen sink.</p> <p>On 05/27/21 at 09:30 AM, reviewed C1's "GOAL AND OBJECTIVES FORM" dated 11/24/21, C1 "...will be able to carry her dishes to the sink without dropping them after eating given direct verbal cues (DVC)." Review of Case Manager (CM) notes on 09/25/20 "...CM spoke with staff about implementing..."carrying dishes to the sink program" during ADH while ADH is in the home..."</p> <p>Interview with CM on 05/27/21 at 12:18 PM, stated C1 is to carry her finished dishes after eating to the kitchen sink. CM further stated ADH staff are currently implementing the active treatment program at home but it will not be implemented at the ADH center location.</p> <p>3) On 05/25/21 at 12:58 PM during ADH program</p>	9 005	This page intentionally left blank.	

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9 005	<p>Continued From page 2</p> <p>at C1's home, observed C1 sitting on an armchair facing away from the television. The television is on with no visual animation, playing music with a static screen. At 01:05 PM, observed C1 sit up from the armchair and walk around the house until 01:10 PM, music continued to be playing from the television. During observation from 12:58 PM to 2:00 PM, ADH staff did not offer C1 any other activities besides snack and toileting.</p> <p>On a second observation on 05/25/21 at 02:03 PM, observed during a shift change from ADH staff to home staff, C1 walking around the house, music continued to play on the television. At 03:08 PM, C1 sat on the sofa next to the Home Manager. At 03:28 PM C1 sat up from the sofa and walked around the house. C1 sat back down on the sofa at 04:20 PM. During observation from 02:00 PM to 06:00 PM, home staff did not offer C1 any other activities besides snack, dinner, and toileting.</p> <p>On a third observation on 05/26/21 at 08:20 AM, during ADH program at C1's home, observed C1 walking around the house while music is playing on the television. C1 sat down on the sofa at 08:35 AM. At 08:50 AM, HW1 offered C1 his hand and asked C1 if she wanted to go walking. C1 did not respond to HW1. After eating a snack and using the restroom, at 09:25 AM, C1 sat back down on the sofa. At 09:35 AM, HW7 offered C1 to go walking, C1 closed her eyes and did not respond to HW7. During observation from 08:20 AM to 12:50 PM, ADH staff did not offer C1 any other activities besides walking, snack, lunch, and toileting</p> <p>During an interview with HW1 and HW7 on 05/26/21 at 12:50 PM, inquired what C1's active treatment program is, HW1 stated C1 watches</p>	9 005	This page intentionally left blank.	

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9 005	<p>Continued From page 3</p> <p>TV for socialization, walks around the house for exercise but has a behavior of "non-stop walking", and uses the restroom every 1-2 hours. HW1 confirmed C1's active treatment program consists of using the restroom every 1-2 hours, confirmed C1 has a behavior of "non-stop walking", and added C1's objective for socializing is to provide eye contact with peers and staff. HW1 further stated C1's active treatment program includes dining and once a week purchasing. Inquired what activities are provided when C1 is not using the toilet, eating, going out in the community to make purchases, walking, and socializing, HW1 stated there is no other activity offered and further stated there are challenges having ADH program at home due to clients being comfortable which may be difficult for them to adjust to ADH program.</p> <p>Interview with CM on 05/27/21 at 12:18 PM, stated C1's active treatment program during ADH and at home consisted of socialization, purchasing, carrying her dishes to the sink, feeding, and toileting. Brushing hair is only provided at home. Concurrent review of C1's "CLIENT PROGRAM SCHEDULE (ADH)" dated on 06/05/20, toileting, social interaction, dining and dining clean up are included in the schedule. Inquired what C1 does during "Activities &amp; Program" offered on the schedule twice during the day for a total of 2 hours. CM stated clients are offered informal activities, such as crafts, listening to music, and watching movies. Inquired whether the television or music from the television should be playing the entire ADH program time or at home, CM stated it would be better turned off when clients are not watching or paying attention to the television.</p> <p>Interview with ICF Program Manager (PM) on</p>	9 005	This page intentionally left blank.	

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9 005	Continued From page 4  05/27/21 at 01:15 PM, stated ADH Program Supervisor makes the schedule for ADH program and was informed no schedule of activities were made for ADH program provided at home.	9 005		
9 091	11-99-9(d)(2)(A) DIETETIC SERVICES  All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. This Statute is not met as evidenced by: Based on observations, review of the facility's policy and procedures and and interview with staff members, the facility failed to discard food items by the expiration and use-by-date in the refrigerator and freezer.  Findings Include:  1) Concurrent observation with Hab Worker (HW) 4 and HW5 on 05/25/21 at 02:35 PM, observed a whole Chocolate Dobash cake in the refrigerator. "For Sunday" was written on masking tape on top of the plastic cake cover and a separate sticker that stated "Consume or Discard date 5/24/21." HW4 confirmed the discard date written was 05/24/21 and HW5 stated the cake needs to be discarded.  2) Concurrent observation with Home Manager (HM) on 05/25/21 at 04:05 PM, observed three containers of strawberry yogurt in the stand up freezer with the use-by-date of 05/20/21. HM stated the yogurt should have been discarded. Inquired who checks and discards food items that are expired or past the use-by-date, HM stated staff check at least once a week but could not confirm when was the last time staff checked.	9 091	Plan of Correction The expired food was discarded upon discovery during the time of survey. Clients were not offered the expired food. Home Manager retrained and assigned staff in the home to do weekly checks of the food items in the refrigerator/pantry to ensure that expired food are disposed of on a timely manner.  Systemic: Expired food items will be replenished as needed. Policy and Procedure for Food safety and handling to be reviewed. All homes will be provided a copy of the Policy and Procedure for Food safety and handling, Program Manager and Nurse Manager to go over policy with Home managers.  Quality Assurance: Home Manager and staff to monitor expiration of food items in the refrigerator/pantry on a weekly basis and assigned RN/CM will monitor staff for compliance during their bi-weekly home visits. Nurse Manager will do quarterly observations and discuss findings at monthly meetings.	5/25/21          6/30/21       on going

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9 091	Continued From page 5	9 091		
	Review of the facility's "Policy and Procedure for Food Safety and Handling" on 05/27/21 at 01:16 PM states "Follow expiration date and directions to discard days..."			
9 113	11-99-11(d) RESIDENT DAILY LIVING CARE AND TRAINING	9 113	Plan of Correction: 9113 & 9117 Nurse Manager contacted Home Manager and went out to the home and trained home staff of proper use of leg straps and HMP for C2.	5/31/21
	Restraints shall be used only under a physician's orders for specified and limited periods of time and so documented and shall be used only when resident is imminently dangerous to self or others. This Statute is not met as evidenced by: Based on observations, interview with staff members and record review, the facility failed to assure restraints were provided under physician orders for specified and limited periods of time for one of two clients in the active case sample (Client 2).		Systemic: New policy and procedure for proper use of restraints was drafted. ICF Home managers and staff will be trained on the proper use of physical restraints/HMPs specific to the clients residing in their homes. Home and ADH Centers will be given a copy to keep on file and for reference and further training as needed.	6/30/21
	Findings Include:  Client (C)2 was admitted to the facility on 11/15/89. Diagnoses include: cerebral palsy with cortical atrophy, profound intellectual and developmental disability, osteoporosis to bilateral hips, and dysphagia.  Observation on 05/25/21 at 12:30 PM at the home found C2 seated in her wheelchair. Observed straps affixed to each of C2's lower thighs and a seat belt. The straps went around each of C2's legs and was fastened with clip which cannot be removed by the client. At 01:00 PM, Hab Worker (HW)2 unfastened the straps. Subsequently at 01:50 PM staff members transferred C2 to bed to provide personal		Quality Assurance: Assigned nurse to do a biweekly observation to ensure that the new Care Plan regarding use of restraints are implemented properly. Home Manager to do random weekly observations. Case Manager and assigned RN to conduct bi-weekly observations to ensure compliance. Findings to be discussed at monthly meetings and documented in monthly meeting notes. On-going	on going

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9 113	<p>Continued From page 6</p> <p>hygiene. At 02:05 PM there was a change of shift and C2 was placed in her wheelchair with seat belt and leg straps applied. Interview with HW3 was done in the client's room. HW3 demonstrated how the straps were connected to the wheelchair seat and reported the straps and seat belt prevents C2 from sliding down. At 02:12 PM, C2 was placed in front of the television. Observation at 03:40 PM through 05:20 PM found the leg straps and seat belt still fastened. Seat belt and leg straps were not released from 02:05 PM through 05:20 PM.</p> <p>Observation on 05/26/21 at 05:05 AM in the clients' home found C2 seated in her wheelchair with seat belt and leg straps applied. C2 was sleepy (eyes closed and head drooping) and staff members were observed to have difficulty rousing the client. C2 was observed wearing seat belt and leg straps during breakfast (from 06:00 AM through 06:30 AM). There was no observation of the seat belt and/or leg strap being released. At 08:20 AM, C2 observed wearing seat belt and leg straps. The seat belt and leg straps were not released from 05:05 AM through 08:40 AM.</p> <p>At 08:40 AM, staff members were observed to provide personal hygiene (seat belt and leg straps were released while care was provided). At 08:47 AM, C2 received brushing program and supplement. At 09:15 AM, C2 was in front of the television, seat belt and leg straps were affixed. Observation through 11:15 AM found C2's seat belt and leg straps were not released during lunch meal. The seat belt and leg straps were not released from 08:47 AM through 11:15 AM.</p> <p>Interview with HW1 was done at 09:27 AM in the clients' home. HW1 reported C2 likes to pull her knees to her chest and the use of the seat belt</p>	9 113	This page intentionally left blank.	

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9 113	<p>Continued From page 7</p> <p>and leg straps helps to seat her properly. C2 grabbed onto HW1's hand.</p> <p>Interview was done with HW1 and HW7 at the clients' home by the dining room table on 05/26/21 at 01:00 PM. Inquired how frequently are staff supposed to release C2's seat belt and leg straps. HW1 replied, the leg straps need to be unbuckled to relax the client's legs and usually done at the end of shift. Further queried how long before devices are unbuckled, HW1 was not sure how long C2 wears the seat belt and leg straps until they are unbuckled, stating there is no time frame.</p> <p>Record review was done on 05/27/21 at 09:10 AM at the administrative site where the clients' records are stored. The review found documentation of "Human Rights Review" for use of seat belt, chest shoulder strap and anti-thrust pelvic harness. The purpose is to maintain body alignment and provide safety while in the wheelchair. The use of the devices was approved by the committee (signed on 02/17/21). A review of the physician orders for 05/01/21 through 05/31/21 found no orders for the use of seat belt and leg straps.</p> <p>Interview was done with the ICF Program Manager (PM) and Nurse Manager (NM) on 05/27/21 at 12:55 PM. The NM acknowledged the use of the seat belt and leg straps are physical restraints and was brought before the Human Rights Committee. The NM reported the duration of the application is to take the buckles off at least every two hours and check the client's skin for redness and pressure. The NM also reported the buckles should be release for at least a half hour. The NM has a medical plan to address the release of the restraints. Requested</p>	9 113	This page intentionally left blank.	



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9 113	Continued From page 8  a copy of the facility's policy and procedures for the use of restraints.  On 05/27/21 at 01:38 PM, the PM was asked whether the use of the leg straps was brought to the committee as there is approval for anti-thrust pelvic harness. The PM clarified that the leg straps are part of the pelvic harness, it is specialized for C2 so that the harness does not go over the pelvis. The PM reported the facility does not have a policy and procedure for use of restraints, it has been their practice to present the use of restraints to the Human Rights Committee.	9 113	This page intentionally left blank.	
9 117	11-99-11(d)(4) RESIDENT DAILY LIVING CARE AND TRAINING  There shall be written policies and procedures governing the use of restraints. This Statute is not met as evidenced by: Based on observations, interview with staff members and record review, the facility failed to assure there is a policy and procedures to address the use of physical restraints and also failed to ensure the parameters for the duration of application were followed for one of two clients (Client 2) in the active case sample.  Findings Include:  Cross Reference to 11-99-11(d). Based on interview with staff members, the facility does not have policy and procedures for use of physical restraints.	9 117		
9 151	11-99-15(b) INFECTION CONTROL  There shall be appropriate policies	9 151		

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9 151	<p>Continued From page 9</p> <p>and procedures written and implemented for the prevention and control of infections and the isolation of infectious residents.</p> <p>This Statute is not met as evidenced by: Based on observations, interviews with staff members, and record review, the facility failed to screen visitors at the clients' home for COVID-19 exposure; document and monitor staff temperatures at the end of their shift; ensure staff hand wash/sanitize between residents when providing assistance and prior to donning and after doffing gloves; and sanitize before and after utilizing equipment used by clients.</p> <p>Findings Include:</p> <p>1) On 05/25/21 at 12:30 PM, the surveyors arrived at the clients' home. Upon knocking, Hab Worker (HW)1 answered the door. HW1 took the surveyors' temperatures and asked that we sign in. On 05/25/21 at 05:11 PM concurrent observation and interview was done with the Home Manager (HM). Posted behind the door of the clients' home were instructions for visitors and employees of the facility. There was a list of questions to ask: "Have you traveled internationally or domestically in the last 14 days?; Do you have signs or symptoms of respiratory infection such as fever, cough, or sore throat?; and Have you had contact with someone with or under investigation for COVID-19?" Queried HM regarding the process for visitors. HM stated visitors are to be asked the questions posted, have their temperature taken, hand sanitize and sign-in. HM witnessed surveyor taking a photo of the sign and the photo was shown to the HM to assure photo did not include any clients or other areas of the home.</p>	9 151	<p>Plan of Correction:</p> <p>Nurse Manager discussed importance of hand washing and visitor attestation questions with Home Manager immediately after the exit.</p> <p>Home Manager has been in the home daily observing and retraining staff as needed, including hand washing in between client care. Hand washing training done on 6/9/21 &amp; 6/17/21. All staff that attended were reminded to wash hands every time they administer care to each client and every change of activity as needed. Hand washing for 20 seconds procedure was reviewed during the training and use of antiseptic hand gel may be used as an alternative. Hand washing before and after use of gloves was also discussed during the training.</p> <p>Systemic:</p> <p>All staff will be trained or retrained on the importance of hand washing in between client care. Hand washing for 20 seconds procedure and use of antiseptic hand gel that may be used as an alternative. Hand washing before and after use of gloves will also be discussed during the training. Proper donning and doffing of gloves procedure will be sent to the homes and centers to be posted on the bulletin board.</p> <p>All home staff will be trained or retrained by Nurse Manager on infection control, specifically, hand washing policy and procedures and how to use QR code for visitors visiting the home. A QR code will be posted in each home.</p>	<p>6/9/21&amp; 6/17/21</p> <p>6/30/21</p>

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NAME OF PROVIDER OR SUPPLIER  <b>THE ARC IN HAWAII - EWA B</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>91-824 B HANAKAHI STREET EWA BEACH, HI 96706</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
9 151	<p>Continued From page 10</p> <p>2) On 05/26/21 at 08:45 AM a review was done of the "Staff Daily Temperature Log" in the clients' home. A review of HW6's sheet for May 2021 found for the following time period there was documentation of PM temperatures only: 05/03 to 05/07; 05/11 to 05/14; and 05/18 to 05/21. On 05/02, 05/10, 05/17 and 05/24 there is documentation of AM and PM temperatures. There was no documentation of HW1's temperatures.</p> <p>On 05/26/21 at 10:50 AM an interview was conducted with HW7 in the kitchen of the clients' home. Queried HW7 regarding employees' process for screening when they enter the home. HW7 reported upon start and end of shift, their temperatures are taken and documented. HW1 joined HW7 and was asked about the process at start and end of shift. HW1 reported he was not aware that temperatures need to be taken upon start and end of shift. HW1 stated he does not log his temperatures.</p> <p>On 05/27/21 at 11:33 AM an interview was conducted with the Nurse Manager (NM) at the administrative site. NM confirmed staff are to take their temperatures at the start and end of their shift. Temperatures are to be logged in the binder.</p> <p>3) On 05/26/21 at 05:20 AM observation in the home found HW6 at the kitchen counter with Client (C)1. HW6 dispensed alcohol based hand sanitizer (ABHS) into C1's hands and proceeded to provide hand over hand (HOH) assistance for hand sanitizing. HW6 provided HOH for C1 to hold her cup. No hand sanitizing was observed prior to assisting C1.</p>	9 151	<p>Cont. Quality Assurance: Home Managers will monitor their staff and ensure they are washing their hands in between client care daily. Assigned RN will monitor staffs hand washing guidelines at weekly and quarterly observations and document findings in the RN's quality assurance checklist and train or retrain staff as needed.</p>	on going

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9 151	<p>Continued From page 11</p> <p>At 05:256 AM, HW6 went over to C1 in the living room and attempted to rouse her by putting her arms around the client's shoulder. HW6 also brushed C1's hair off her forehead and placed her hair behind her ear. HW6 then began to pat C1's forearm to wake the client up. No hand sanitizing was observed. HW6 approached C3 and adjusted her personal clothing protector. No hand sanitizing was observed between clients.</p> <p>At 05:30 AM, HW6 wheeled C2 to the kitchen to take her medication. HW6 cued the client it was time to wash her hands. Prior to assisting the client with hand washing, observed HW6 did not perform hand sanitizing. HW6 dispensed ABHS into C2's hands and provided HOH assistance for C2 to rub her hands. HW6 then touched the client's chin and said "hello". C2 did not wake up so HW6 tapped the client's chin and said "wake up now". HW6 was observed not to perform hand sanitizing.</p> <p>At 05:40 AM interviewed HW6 in the living room regarding hand sanitizing. HW6 reported she did perform hand sanitizing between the clients.</p> <p>On 05/27/21 at 11:33 AM an interview was conducted with the Nurse Manager (NM) at the administrative site. The aforementioned observation was shared with the NM. Inquired whether the staff should hand sanitize before assisting clients with HOH assistance for ABHS and after assisting the clients. NM confirmed hand sanitizing should be performed before and after assisting the clients. The NM also confirmed hand sanitizing should be performed between contact with clients.</p> <p>4) On 05/26/21 at 05:25 PM observation in the home found HW4 wiping clients' clear plexi-glass</p>	9 151	This page intentionally left blank.	

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9 151	<p>Continued From page 12</p> <p>trays at the dining table. HW4 was observed to remove a sanitizing cloth from the dispenser and wipe C2's tray. HW4 went over to the bottle of ABHS, placed her hand under the dispenser and placed her thumb atop the pump. HW4 was not observed to rub her hands with the gel. HW4 then provided a paper towel to C4. HW4 took out another cloth and wiped C3's tray. HW4 went into the kitchen to get a key, unlocked the cabinet and put away the wipes. HW4 again went over to the bottle of ABHS and appeared to tap the pump and was not observed to rub her hands with the gel.</p> <p>On 05/27/21 at 11:33 AM an interview was conducted with the NM at the administrative site. The NM confirmed clients' trays for meals should be wiped down prior to meals. Inquired whether staff members should perform hand hygiene prior to getting a sanitizing wipe out of the container and in between the wiping of the clients' trays. The NM replied, staff members should wash their hands before wiping down another tray.</p> <p>5) On 05/25/21 at 02:10 PM observed HW2 don gloves without hand washing/sanitizing after responding to a call bell and did not hand wash/sanitize after doffing gloves.</p> <p>Interview with NM on 05/27/21 at 11:33 AM, stated staff should wash their hands before and after donning and doffing gloves in case the gloves break. If the glove has little holes or breaks client and staff are at risk of spreading bacteria.</p> <p>Review of the facility's "Infection Control Policy</p>	9 151	This page intentionally left blank.	

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9 151	Continued From page 13  and Procedure on 05/27/21 at 12:06 PM, states "Wash hands after each use of gloves".  6) On 05/25/21 at 04:45 PM observed HW3 check C4's blood pressure and use the same cuff, tubing and machine to check C1's blood pressure without sanitizing between use. HW3 proceeded to take the cuff, tubing and machine and put it into the cupboard in the kitchen. Inquired if HW3 sanitizes the cuff, tubing, and machine after use, HW3 removed the cuff and machine from the cupboard and used a single-use sanitizing wipe to clean the face of the machine but did not sanitize the cuff and tubing. Inquired if HW3 sanitizes the cuff, tubing and machine between clients after use, HW3 stated she does not.  Interview with NM on 05/27/21 at 11:34 AM, stated staff should use a sanitizing wipe to clean the cuff, tubing, and the face of blood pressure meter machine between client use.	9 151		
9 279	11-99-29(a)(10) RESIDENT'S RIGHTS  Written policies regarding the rights and responsibilities of residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:  Be treated with consideration, respect and full recognition of their dignity	9 279	Plan of Correction: Program Manager met with Home Manager on the afternoon of 5/27/21 immediately after the exit conference to discuss citations noted. Program Manager reviewed with Home Manager different options for self- management for clients in regards to family style dining and using hand over hand assistance for clients will promote their self- management. Poster to "knock on doors before entry" to be posted on the bathroom and bedrooms to remind staff to knock upon entry. Staff reminded of making sure they are seated next to client when assisting them during meals.	5/27/21

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9 279	<p>Continued From page 14</p> <p>and individuality, including privacy in treatment and in care. This Statute is not met as evidenced by: Based on observation and interview with staff member, the facility failed to promote consistent and positive interactions between client and staff while a client is using the restroom. The facility failed to assure staff modeled appropriate mealtime behavior and conversation during dinner.</p> <p>Findings Include:</p> <p>1) On 05/25/21 at 01:25 PM observed Hab Worker (HW)2 direct Client (C)1 to the bathroom. HW2 stepped outside of the bathroom and closed the door for C1. HW2 then opened the bathroom door without knocking and checked on C1. HW2 continued to stand outside of the bathroom and then close the bathroom door. Further observation at 01:27 PM, 01:28 PM, 01:30 PM, 01:33 PM and 01:37, HW2 would open the bathroom door without knocking to check on C1.</p> <p>Interview with ICF Program Manager (PM) on 05/27/21 at 11:26 AM, PM stated staff should knock on the bathroom door for privacy and to be respectful prior to opening the door when a client is using the bathroom.</p> <p>2) On 05/25/21 at 01:10 PM observed C1 eating a snack at the dining table and Hab Worker (HW) 2 standing up on the side of client (C) 1. HW2 was observed prompting C1 to drink water by pointing to C1's water cup. HW2 proceeded to position C1's snack away from C1 and toward HW2 then prompted C1 to to drink water by pointing to the water cup. While providing C1 assistance and prompting during snack time, HW2 does not sit with C1 at the dining table.</p>	9 279	<p>Cont. Systemic: Home staff will be trained by Case Manager on family style dining for those clients in the home capable of serving their own meals and pouring their own drinks given hand over hand assistance to promote self-management and proper feeding procedures. Program Manager will send a memo out to all ICF Home Managers regarding the importance of family style dining and using hand over hand assistance to help promote each client's individual self-management during meals. Program Manager will also discuss this at next Home Managers meeting and document it in the Home Manager's meeting's agenda.</p> <p>Quality Assurance: Case Manager and assigned RN to include resident's rights observation during their bimonthly home observations. Finding to be discussed during monthly meetings.</p>	<p>6/30/21</p> <p>on going</p>

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9 279	Continued From page 15  A second observation on 05/26/21 at 08:58 AM, observed C1 eating a snack at the dining table and Hab Worker (HW) 7 standing up on the side of C1. While providing C1 assistance and prompting during snack time, HW7 does not sit with C1 at the dining table.  Observation on 05/26/21 at 11:20 AM, observed C3 eating lunch and HW1 standing while providing C3 assistance with eating.  Interview with ICF Program Manager (PM) on 05/27/21 at 11:26 AM, PM stated staff should be sitting with the client's during meal or snack time and should not be standing when providing assistance.	9 279	This page intentionally left blank.	



\* \* \* Personal Journal ( Jun. 21. 2021 3:32PM ) \* \* \*

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M : Memory  
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\$ : Transfer  
@ : Forwarding  
F : Fine  
x : LAN-Fax  
N : NGN

P : SEP Code  
E : ECM  
U : Super Fine  
+ : Delivery  
◇ : Mail